

## APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

**\* 1.a. Type of Submission:**

- ☐ Application
- ☐ Plan
- ☐ Funding Request
- ☐ Other

\* Other (specify)

**\* 1.b. Frequency:**

- ☐ Annual
- ☐ Quarterly
- ☐ Other

\* Other (specify)

**\* 1.d. Version:**

- ☐ Initial ☐ Resubmission ☐ Revision ☐ Update

**\* 2. Date Received:**

Completed by Grants.gov upon submission.

**STATE USE ONLY:****3. Applicant Identifier:**

**5. Date Received by State:**

**4a. Federal Entity Identifier:**

**6. State Application Identifier:**

**4b. Federal Award Identifier:**

**1.c. Consolidated Application/Plan/Funding Request?**Yes ☐ No ☐**7. APPLICANT INFORMATION:****\* a. Legal Name:**

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

**\* c. Organizational DUNS:**

**d. Address:****\* Street1:**

**Street2:**

**\* City:**

**County:**

**\* State:**

**Province:**

**\* Country:**

**\* Zip / Postal Code:**

**e. Organizational Unit:****Department Name:**

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this submission:****Prefix:**

**\* First Name:**

**Middle Name:**

**\* Last Name:**

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

**Fax Number:**

**\* Email:**

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**\* 8a. TYPE OF APPLICANT:**

\* Other (specify):

b. Additional Description:

**\* 9. Name of Federal Agency:****10. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**11. Areas Affected by Funding:****12. CONGRESSIONAL DISTRICTS OF:**

\* a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

**13. FUNDING PERIOD:**

a. Start Date:

b. End Date:

**14. ESTIMATED FUNDING:**

\* a. Federal (\$):

b. Match (\$):

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on:☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

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**\* 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes ☐ No ☐

**17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I Agree ☐

\*\* This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

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Attach supporting documents as specified in agency instructions.

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**\* Consolidated Application/Plan/Funding Request Explanation:**

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**\* Applicant Federal Debt Delinquency Explanation:**